

To: All Indiana Hospitals, Physicians and Ambulance Providers

Fr: Family and Social Services Administration

Date: July 25, 2007

Additional Information Concerning Changes to the Hospital Care for the Indigent (HCI) Program

In previous notices, FSSA has advised you of significant changes to the HCI program due to legislation (Public Law 218-2007 (HEA 1678), and deadlines for submission of applications and claims. This notice is being issued to respond to issues and questions that have arisen.

References in the earlier notices to “applications and claim forms” mean complete applications and claim forms, including all supporting documentation, including diagnosis code.

The State is receiving applications that do not have any supporting medical documentation and claim forms without any diagnosis code. These applications and claims cannot be processed. The decision to permit filing of applications and claims after July 1 for services rendered through June 30 did not change any other requirement for the filing of a complete application and claim. The following must be submitted:

- Emergency room record
- Discharge summary (or other record) that includes
 - admission and discharge date
 - patient diagnosis

If the provider has a Certificate of Action (COA), please attach it to the medical records. All claim forms must include a diagnosis code. If the provider has submitted incomplete information, please immediately send the missing information. The deadline for filing is not being extended. If incomplete information was timely submitted, the State will accept the medical records and correctly completed claim forms needed to complete the entire application package.

Clarification regarding instructions in the earlier notices concerning appeals of “new denials of eligibility or claims received before July 1, 2007.”

Appeals will be accepted only if they are **timely** (i.e., within 90 days of the date of the denial). The intent of this instruction was to direct providers not to wait the full 90 days to file an appeal for an application for which they may have just received a denial. The eligibility criteria (medical and financial) has not changed. Providers should not file appeals in cases where they know the denial was appropriate. Appeals should only be filed for those cases where an objective

observer knowledgeable about the HCI coverage criteria would agree an error may have been made and the application should have been approved.

Clarification regarding timely filing of applications and claims.

Applications and claims that are untimely will not be processed. An untimely application is one for services rendered more than 45 days after the date of hospital/discharge. An untimely claim form is one for services rendered more than 180 days after the date of release/discharge. The purpose of the filing extension and deadline communicated in earlier notices was to ensure that providers had an opportunity to file timely applications and claims for services rendered up to and including June 30, 2007, and to instruct them to do so quickly. This was not done to extend, or waive, the existing filing deadlines for either applications or claims. In addition, providers should be mindful of the fact that the medical coverage criteria for HCI has not changed nor has it been expanded.

Should a physician or ambulance provider do anything regarding an application that is still in review or pending?

Yes, the provider should send the CMS claim form in before the deadline of July 31, 2007. The hospital deadline passed on July 13, 2007, so claim forms for pending applications will no longer be accepted.

How will providers be paid in future years?

The legislation provides that for state fiscal year 2008 and beyond, a hospital's HCI payment will be an amount equal to the HCI payment determined for the hospital for the state fiscal year ending June 30, 2007. For physician and ambulance providers, the HCI funding will be used to draw down federal dollars that will be used for a targeted increase to Medicaid rates directed at those codes representing services historically billed through the HCI program. Therefore, in future years, physician and ambulance providers will be compensated through their Medicaid payments.

Will the State extend the deadlines?

No. The deadline for submission of applications and claims by hospitals has passed. With the exception of information described under #1 necessary to complete an application and claim package that has already been partially (and timely) submitted, no other applications or claims will be accepted from hospitals. Physicians and ambulance providers have until July 31, 2007 to submit applications and claims.

If you have any questions, you may contact the central office HCI unit at 317-232-4320.